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Activating Primary Care COPD Patients with Multi-morbidity (APCOM) Pilot Project: Study Protocol

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Abstract

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Disciplines

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Activating Primary Care COPD Patients with Multi-morbidity (APCOM) Pilot Project: Study Protocol

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Background

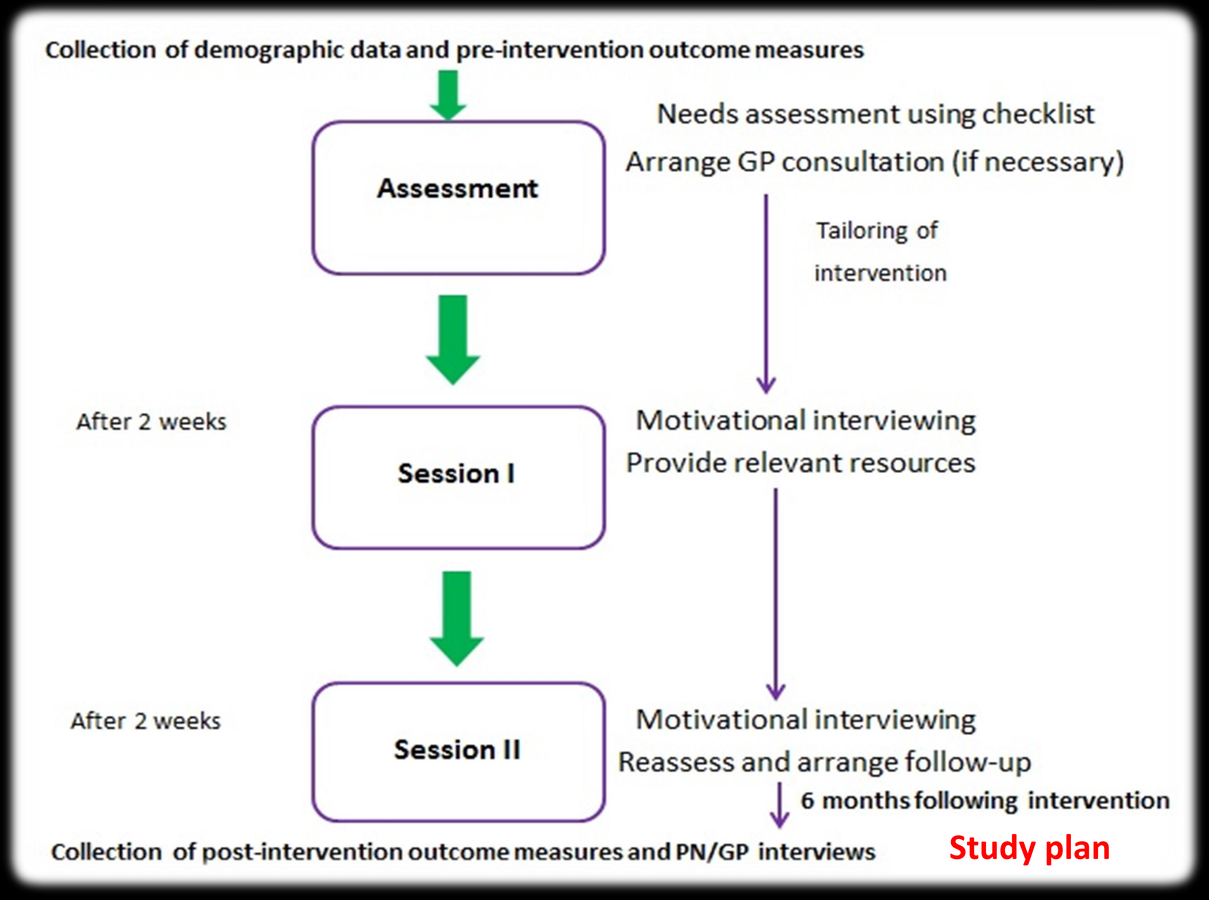
- Chronic obstructive pulmonary disease (COPD), mainly caused by cigarette smoking and exposure to noxious gases, was accountable for 6% of deaths worldwide in 2012 and is projected to be the 3rd leading cause of death by 2030 [1]
- Primary care patients with COPD and other chronic conditions have suboptimal understanding of the disease and underutilise relevant healthcare [2]
- No prior study seems to have focused on improving self-efficacy of COPD patient with multi-morbidity in the primary care setting

Aims

- To activate patients to be more involved in care of their COPD and other chronic conditions
- To improve their disease knowledge and self-management capacity of COPD
- To enhance patients' self-efficacy for better management of their multi-morbidity

Inclusion criteria

- Sydney-based general practices with electronic medical records employing at least 1 practice nurse (PN)
- Patients (N = 40)
  - Aged 40 to 84 years
  - Having a spirometry-recorded diagnosis of COPD
  - With at least one other chronic condition
  - History of smoking



Study plan

Intervention

- Based on the Health Belief Model (HBM), patients' perceived severity and susceptibility of COPD, and perceived benefits and barriers to relevant health behaviour will be addressed [3]
- Intervention includes constructs from existing self-management programs and covers strategies for self-management of COPD and other chronic conditions
- Intervention will be tailored and delivered by trained PNs to patients in individual sessions via motivational interviewing
- Cues to action will be provided in the form of motivational fridge magnets and patient logs, and monthly follow-up calls

Outcome measures

- Primary: Patient Activation Measure (PAM) [4]
- Secondary
  - COPD Knowledge Questionnaire (COPD-Q) [5]
  - COPD Assessment Test (CAT) [6]
  - Multimorbidity Illness Perceptions Scale (MULTIPleS) [7]
  - Morisky Medication Adherence Scale (MMAS-8) [8]
  - Inhaler device technique checklist [9]
- Process evaluation: Semi-structured interviews with PNs/GPs

Significance

- Tailored self-management education will empower patients to be better drivers of their own health
- Provides scope for further expanding the PN's role in general practice beyond routine clinical management of chronic disease
- Experience of intervention delivery and uptake from the study will determine its acceptability and feasibility in day-to-day practice
- Findings will provide evidence for upscaling the intervention to be tested as a future randomised controlled trial

References

1. World Health Organization. COPD Fact Sheet No. 315. Updated January 2015.
2. Ansari S, Hosseinzadeh H, Dennis S and Zwar N. Patients' perspectives on impact of COPD diagnosis in the face of multi-morbidity – a qualitative study. Primary Care Respiratory Medicine. 2014;24;14036.
3. Hayden JA. Introduction to Health Behavior Theory. Jones and Bartlett Publishers. 2009;1st Edition;Chapter 4;31-44.
4. Hibbard JH, Mahoney ER, Stockard J and Tusler M. Development and Testing of a Short Form of the Patient Activation Measure. Health Services Research. 2005;40:6(1);1918-1930.
5. Ray SM, Helmer RS, Stevens AB, et al. Clinical Utility of the Chronic Obstructive Pulmonary Disease Knowledge Questionnaire. Fam Med. 2013;45(3);197-200.
6. Papaioannou M, Pitsiou G, Manika K, et al. COPD Assessment Test: A Simple Tool to Evaluate Disease Severity and Response to Treatment. COPD. 2014;11;489-495.
7. Gibbons CJ, Kenning C, Coventry PA, et al. Development of a Multimorbidity Illness Perceptions Scale (MULTIPleS). PLOS ONE. 2013;Volume 8;Issue 12;e81852.
8. Morisky DE, Green LW and Levine DM. Concurrent and predictive validity of a self-reported measure of medication adherence. Med Care. 1986;24:67–74.
9. Armour CL, LeMay K, Saini B, et al. Using the Community Pharmacy to Identify Patients at Risk of Poor Asthma Control and Factors which Contribute to this Poor Control. Journal of Asthma. 2011;48:914–922.

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